

**Indiana First Steps Family to Family (F2F)
Family Interest Survey
2002-2003**

Date: _____ **County:** _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

(H)Phone: _____ **Fax:** _____ **E-mail:** _____

(W)Phone: _____ **Fax:** _____ **E-mail:** _____

Current age of Child(ren) who participate(d) in First Steps

Linking and Outreach:

- | | | |
|---|--|--|
| 1. I have an interest to be a family contact for my county. | yes <input type="checkbox"/> no <input type="checkbox"/> | |
| 2. I have an interest in providing information to other families in my community. | yes <input type="checkbox"/> no <input type="checkbox"/> | |
| 3. I have an interest in linking families to other families or support groups. | yes <input type="checkbox"/> no <input type="checkbox"/> | |
| 4. I have an interest in attending a support group. | yes <input type="checkbox"/> no <input type="checkbox"/> | |
| 5. I have an interest in starting a support group. | yes <input type="checkbox"/> no <input type="checkbox"/> | |
| 6. I have an interest in linking families to existing training opportunities. | yes <input type="checkbox"/> no <input type="checkbox"/> | |
| 7. I would like to be contacted to learn more. | yes <input type="checkbox"/> no <input type="checkbox"/> | |

First Steps Training:

- | | |
|---|--|
| 8. I have an interest in participating as a co-trainer in First Steps core training. | yes <input type="checkbox"/> no <input type="checkbox"/> |
| 9. I have an interest in reviewing materials. | yes <input type="checkbox"/> no <input type="checkbox"/> |
| 10. I have an interest in participating in a workgroup to prepare training materials. | yes <input type="checkbox"/> no <input type="checkbox"/> |
| 11. I have an interest in bringing training opportunities to my community. | yes <input type="checkbox"/> no <input type="checkbox"/> |
| 12. I have in interest in conducting training in my community. | yes <input type="checkbox"/> no <input type="checkbox"/> |
| 13. I have an interest in sharing my story in a training setting. | yes <input type="checkbox"/> no <input type="checkbox"/> |
| 14. I would like to be contacted to learn more about becoming a trainer. | yes <input type="checkbox"/> no <input type="checkbox"/> |

OVER 

Serving on First Steps Local Planning and Coordinating Councils and Committees

15. I have an interest in providing information to my county Local Planning and Coordinating Council (LPCC). yes ☐ no ☐
16. I serve on my local planning and coordinating council. yes ☐ no ☐
17. I have an interest in serving on my local planning and coordinating council. yes ☐ no ☐
18. I would like to attend a training to learn more about serving as an advisor. yes ☐ no ☐
19. I would like to be contacted to learn more about serving as an advisor. yes ☐ no ☐

Additional topics that may be important to families might include Transition; Financial Supports; Medicaid; Medicaid Waivers; Families As Advisors, Serving on Committees and Boards; Procedural Safeguards; Communication and Negotiation Skills; Dad's and Early Intervention; Grandparents and Early Intervention.

Are there topics that you are particularly interested in or would like to see addressed in training in your community?

Please List:

- a.
- b.
- c.
- d.

What do you think is the most important issue for families today?



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www.state.in.us/fssa/first_step/f2f/

To network with other families join: INF2Fparents-subscribe@yahoogroups.com

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